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CONFIRMATION NO. 2585

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/730,291 | FILING OR 371(c) DATE 12/05/2003 RULE | CLASS 264 | GROUP ART UNIT 1732 | ATTORNEY DOCKET NO. SALTER P42AUSP2 |
| APPLICANTS James N. Curti, Backersfield, CA; Peter W. Salter, Tehachapi, CA; | | | | |
| ** CONTINUING DATA ***** YES-SS This application is a CIP of 10/265,527 10/04/2002 PAT 6,830,445 which is a DIV of 09/883,843 06/18/2001 PAT 6,533,984 which is a CIP of 09/754,471 01/04/2001 PAT 6,533,983 | | | | |
| ** FOREIGN APPLICATIONS ***** None-SS | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/09/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>S. Salter</u> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 10 | TOTAL CLAIMS 13 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 20210 | | | | |
| TITLE Nasal and oral cannula breathing detection device | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |